



08/09/04

EBC

Please type a sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

EV462737658US

# CORRESPONDENCE ADDRESS INDICATION FORM

Address to:  
Mail Stop CN  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please recognize the following address as the correspondence address:

☒ Customer Number 24353

OR

☐ Request for Customer Number (PTO/SB/125) submitted herewith.

In the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/586,692		June 1, 2000

Typed or Printed Name	Carol M. LaSalle	(check one) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or Agent of Record 39,740 (Reg. No.)
Signature		
Date	August 5, 2004	
Address of Signer: BOZICEVIC, FIELD & FRANCIS LLP 200 Middlefield Road, Suite 200 Menlo Park, California 94025		

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.